

# APPLICATION FOR RECORDS RETENTION SCHEDULE

4514-20  
12  
GEORGIA DEPARTMENT OF HUMAN RESOURCES  
OFFICE OF ADMINISTRATIVE SERVICES  
RECORDS MANAGEMENT UNIT

For instructions on completing this form contact DHR Records Management Unit, 47 Trinity Avenue, Atlanta, Georgia 30334. Phone - (404) 656-4976 GIST: 221-4983

<b>DHR</b> Application Date January 28, 1981 Application Number DHR 81-1		<b>1. GEORGIA DEPARTMENT OF HUMAN RESOURCES</b> State Health Planning & Development Agency 43A Executive Park East, N.E. Atlanta, Georgia 30329		<b>ARCHIVES AND HISTORY</b> Application Number <b>77-169-A</b> Date Received 1-28-81 Date Completed FEB 3 1981	
<b>2. Person to Contact</b> Mrs. Lucile Brookshaw		<b>Working Title</b> Chief, Program Support Section		<b>Telephone Number</b> 894-2668	
<b>3. Action Requested</b> a. <input type="checkbox"/> Establish Retention Schedule; record will continue to accumulate. b. <input type="checkbox"/> Dispose of present accumulation; no further accumulation anticipated. c. <input checked="" type="checkbox"/> Amend Application No. <u>77-169</u> Check One: <input type="checkbox"/> Change; <input checked="" type="checkbox"/> Supersede; <input type="checkbox"/> Void to write separate schedules for data concerned with hospitals and nursing homes.					
<b>4. Dates of Series</b> Earliest 1964 Latest to present		<b>5. Records Series Title (followed by title used in office, if different)</b> Data Questionnaire - Joint Hospital Statistics Files			
<b>6. Division and Office Function</b> What is the function of the Division and the Office in which this record series is created? The State Health Planning and Development Agency has the responsibility for providing planning and technical assistance to managers and planners for meeting the expectations of the Federally-funded comprehensive health planning programs. This is accomplished by: preparing the State Health Plan for determining the health service requirements of Georgia residents; identifying the available resources for health services; developing plans for carrying out activities to provide health service needs; approving or rejecting Certificate of Need applications; reviewing and commenting on applications in accordance with Section 1122 of the Social Security Act; providing staff assistance to the Statewide Health Coordinating Council; approving architectural plans and monitoring construction of health facilities; monitoring uncompensated care provided for poor patients; and implementing Appropriateness Review for assurance that institutional health services are meeting the needs of citizens when measured by established standards.					
<b>7. Records Series Description</b> This file contains the following documents (include form numbers and titles, if any): Attach samples of the file. Documents relating to: collecting statistical information for use in hospital care health planning and resource development in Georgia. Included are: form (Joint Hospital Data Questionnaire) which shows reporting period; hospital name, complete address, and phone number; name and phone number of person to call for further information; type of organization (State/Local Government/Federal) - Nongovernment (IRS Tax Exempt/ Proprietary); type of service provided (general medical & surgical, psychiatric, tuberculosis, orthopedic, chronic disease, etc); whether admissions restricted primarily to children; whether accredited by Joint Commission on Accreditation of Hospitals; whether approved for Vendor Payments (Titles V, XVIII, XIX, State Vocational Rehabilitation, Crippled Children Program); bed capacity/licensed/currently set up and staffed - patient census; whether permanent or significant temporary change in beds set up and staffed to show increase or decrease; types of service and levels of care by beds set up and staffed - patients served, inpatient days, total discharges; outpatient services breakdown by service (Satellite/mobile clinics; emergency department; other services); number of visits made to these services; medical and other staff coverage; hours of operation. - Services/Facilities breakdown within each service (medical/surgical, therapy, x-ray, supportive) showing whether within hospital, shared or contracted, workload totals; Personnel on Payroll breakdown by service (administrative, nursing, laboratory, radiologic, therapeutic, other services, and house staff) and by position (professional, technical, other) and whether full or part-time, hours worked last week of report period by part-time employees, and totals; Medical staff & affiliates (listed by specialty - medicine or osteopathy) showing total active staff and affiliates; Training & Education Programs offered (for internships, residences, fellowships - and/or paramedical, patient/family, consumer) by the hospital or through agreement with educational institutions or training centers; Financial Data shows revenue (listed by source); expenses (listed)? long-term debt and repayment responsibility; whether The file is arranged : by year; thereunder, by State Plan area; thereunder, alphabetically by name of facility,					
<b>8. Monthly Reference Rate</b> <u>10-12</u> How often are records referred to which are: One to six months old <u>10-12</u> ; Seven to twelve months old <u>10-12</u> ; Thirteen to twenty-four months old <u>3-4</u> ; twenty-five months and older <u>occasional</u>					
<b>9. Annual Rate of Accumulation or Records</b> Letter-size drawers <u>2/3</u> ; Legal-size drawers ; Shelves ; Other (Specify)					

YES	NO	10. Questionnaire (Place an "X" in the proper column)
X		a. Is this the official copy of the series? If not, where is it?
	X	b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation.
	X	c. Is this a vital record?
X		d. Does this series have historical or long term research value? <u>research</u>
	X	e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
	X	f. Is the information contained in this series ever published? If yes, attach copy.
	X	g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy.
	X	h. Is there a duplication of this series in your office, or in another office or agency? If yes, where?
	X	i. Is this series for a major portion of it regularly microfilmed?
	X	j. Does the record series result in a computer printout?

#### 11. Retention Requirements

The following requires the series to be kept:

- a. State Law \_\_\_\_\_ years.  
b. Statute of limitation \_\_\_\_\_ years.  
c. Federal law \_\_\_\_\_ years.

- d. Audit period \_\_\_\_\_ years.  
\* e. Administrative need 25 years.  
f. Federal retention instructions \_\_\_\_\_ years.

Attach copy or excerpt of laws or regulations. Explain administrative need.

Statistical studies in planning for health services and resource development throughout Georgia

#### 12. Approved Disposition Instructions

This agency recommends that the file series be cut off at the end of each:

☒ Calendar Year; ☐ Fiscal Year; ☐ Other \_\_\_\_\_ then,

- \* ☒ Hold in the current files area \_\_\_\_\_ month(s) 20 year(s); then  
☐ Transfer to local holding area; hold \_\_\_\_\_ year(s); then  
☐ Transfer to State Records Center; hold \_\_\_\_\_ year(s); then  
☐ Destroy  
☒ Transfer to State Archives for permanent retention.  
☐ Other (Specify)

\*needed at present for comparative studies;  
however, consideration will be given to  
reducing retention period

Note: if information in this series is ever put into a computer, consider scheduling the computer summary reports for permanent retention and rescheduling the questionnaires for eventual destruction.

These instructions apply to all prior and future accumulations of the series.

Agency Head/Designee (Signature)	Date	Records Management Officer (Signature)	Date
<i>Lucile Brookshaw</i>	<i>1/22/81</i>	<i>Elizabeth W. Crank</i> Elizabeth W. Crank, CRM State Records Committee (Signature)	<i>1/28/81</i>
Recommendations in paragraph 12 are approved. (If disapproved, attach letter of explanation.)	State Auditor/Designee	<i>[Signature]</i>	<i>2-2-81</i>
	Secretary of State/Designee	<i>Carroll Hart</i>	<i>2-2-81</i>
	Attorney General/Designee	<i>[Signature]</i>	<i>2-3-81</i>

Application for Records Retention Schedule

Data Questionnaire - Joint Hospital Statistics Files

Continuation

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7. long-range planning committee; written plan covering 3 years or more; internal medical audit; subscribe to Hospital Administrative Services or Cost Allocation Program; cost containment program; skilled nursing facility or long-term nursing care unit; -- origin, by county, of in-patient admissions; signature of Chief Executive Officer and date of report. Form (Maternity, Newborn and Family Planning Services Addendum to the State of Georgia Joint Hospital Data Questionnaire - 1979) shows name of hospital and county; services offered (obstetrical, neonatal); Transport system (provided by hospital or available for transferring high risk maternity patients for delivery (city, county, private ambulance, private or military aircraft, other); obstetrical patients transferred to or from hospital and where transferred; whether ready access to a newborn transport system with a fully equipped transport incubator; newborn infants transferred to and from hospital and where transferred; Perinatal Special Services offered (teaching health professionals, continuing or refresher education programs, developing data reporting mechanisms, research, provide around-the-clock consultative services, and reciprocal relationship with another level facility and mechanism whereby a private physician on staff of another hospital can follow his/her patient to your hospital mechanism for obtaining nursing and social services in patient's home, capability of monitoring safety of electrical equipment and equipment repair; information concerned with family education/ visiting privileges of father/ baby's remaining with mother/ siblings allowed to visit; Perinatal Laboratory and Diagnostic Service available (listed); Personnel- staffing and capabilities (listed by profession and ratio of staff to patients); and Perinatal Equipment (listed). Form (Psychiatric Services Addendum) shows reporting period; name and location of hospital; number of beds set up and staffed for problem (general psychiatric, alcohol, drug abuse, mental retardation); change in number of psychiatric beds; Psychiatric admissions by age and problem; patient length of stay and problem; patient census; specialized psychiatric services offered; service categories (listed by service with breakdown as to whether within hospital or by contracted service outside of hospital) and totals for year of services rendered.

4374-20  
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APPLICATION FOR RECORDS RETENTION SCHEDULEOFFICE OF THE SECRETARY OF STATE  
DEPARTMENT OF ARCHIVES AND HISTORY  
RECORDS MANAGEMENT DIVISION

INSTRUCTIONS: See Publication No. 76-RM-1 for instructions on completing this form. Forward signed original to Department of Archives and History, Records Management Division, 330 Capitol Avenue, Atlanta, Georgia, 30334, Attention: Scheduling Section.

FOR AGENCY USE		FOR RECORDS MANAGEMENT USE	
Application Date June 21, 1977	1. Agency Address Georgia Department of Human Resources Division of Physical Health - Plans and Construction Unit 618 Ponce de Leon Avenue, N. E. Atlanta, Georgia 30303	Application Number 77-169	
Application Number DHR-152		Date Received JUN 21 1977	Date Completed JUL - 6 1977
2. Person to Contact Robert Maifeld		Working Title Senior Planner	Telephone Number 894-5144
3. Action Requested a. <input checked="" type="checkbox"/> Establish Retention Schedule; record will continue to accumulate. b. <input type="checkbox"/> Dispose of present accumulation; no further accumulation anticipated. c. <input type="checkbox"/> Amend Application No. _____ Check One: <input type="checkbox"/> Change; <input type="checkbox"/> Supersede; <input type="checkbox"/> Void			
4. Dates of Series Earliest 1971	Latest 1975	5. Records Series Title (followed by title used in office, if different) Hospital and Nursing Home Data Annual Questionnaire Files	
6. Division and Office Function What is the function of the Division and the Office in which this record series is created?  The Division of Physical Health is responsible for the administration, direction, and coordination of the physical health programs throughout Georgia. This is accomplished by the establishment of health standards for business, housing, field operations, and hospitals; the improvement of the physical and dental health of adults and children; the diagnosis and control of diseases; the supervision of construction and licensure of health facilities; and the daily State-wide program of registration, statistical coding, certification and preservation of the births, marriages, divorces, annulments of marriage, and deaths that occur each year in the State.  Plans and Construction Unit has the responsibility of coordinating the orderly development of needed health care facilities in Georgia through grant loan programs and consultative assistance to local areas engaged in planning, development, construction or modernization of community hospitals and other health care facilities, and to evaluate facilities funded under the Hill-Burton Act to determine compliance with required levels of care to those patients unable to pay.			
7. Record Series Description This file contains the following documents (include form numbers and titles, if any): Attach samples of the file.  Documents relating to: surveying (by questionnaire State-wide) hospitals and nursing homes for determining activity at the facility during the past year, which information is used for planning purposes. Included are: form DPH/MCS(5)-3 (12/75) (State of Georgia Joint Hospital Data Questionnaire) which shows reporting period; name, address, phone number, type of licensure; names and titles of officials; legal name of organization or person(s) responsible for the operation of the facility, and other pertinent information; whether or not registered with American Hospital Association; approved for vendor payments (Medicare, Medicaid, etc.); inpatient facilities and utilization; levels of care (intensive, coronary, acute or routine, convalescent, self-care, rehabilitation); types of service, beds in operation; total admissions and total inpatient days; outpatient services and utilization (hours of coverage, type of service, emergency room services, outpatient clinic services); personnel; medical staff; training and other programs; and financial data. File is arranged: by year; thereunder, by State Plan area; thereunder, alphabetically by name of facility.			
8. Monthly Reference Rate How often are records referred to which are: One to six months old <u>1 - 2</u> ; Seven to twelve months old <u>1 - 2</u> ; Thirteen to twenty-four months old <u>quarterly</u> Twenty-five months and older <u>quarterly</u>			
9. Annual Rate of Accumulation of Records Letter-size drawers <u>3</u> ; Legal-size drawers _____; Shelves _____; Other (specify) _____			

YES	NO	10. Questionnaire (Place an "X" in the proper column)
X		a. Is this the official copy of the series? If not, where is it?
	X	b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation.
	X	c. Is this a vital record?
X		d. Does this series have historical or long term research value? for planning purposes
	X	e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
	X	f. Is the information contained in this series ever published? If yes, attach copy.
	X	g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy.
X		h. Is there a duplication of this series in your office, or in another office or agency? If yes, where? Comprehensive Health Planning Council
	X	i. Is this series (or a major portion of it) regularly microfilmed?
	X	j. Does the record series result in a computer printout?

**11. Retention Requirements** The following requires the series to be kept:

a. State Law	_____ years.	d. Audit period	_____ years.
b. Statute of limitation	_____ years.	e. Administrative need	5 _____ years.
c. Federal law	_____ years.	f. Federal retention instructions	_____ years.

Attach copy or excerpt of laws or regulations. Explain administrative need.

**12. Approved Disposition Instructions** This agency recommends that the file series be cut off at the end of each:

☐ Calendar Year; ☐ Fiscal Year; ☒ Other Immediately then,

- ☐ Hold in the current files area \_\_\_\_\_ month(s) \_\_\_\_\_ year(s); then
- ☐ Transfer to local holding area; hold \_\_\_\_\_ year(s); then
- ☒ Transfer to State Records Center; hold 5 year(s); then
- ☒ Destroy.
- ☐ Transfer to State Archives for permanent retention.
- ☐ Other (Specify)

This Unit will be abolished effective June 30, 1977; and the records will become the property of the new State agency, Georgia Health Planning and Development, expected to begin operation July 1, 1977.

This schedule is to provide for transferring the present accumulation of records in this files series; however, it most probably will be amended by the new agency to update the activity for these records.

These instructions apply to all prior and future accumulations of the series.

Agency Head/Designee (Signature)	Date	Records Management Officer (Signature)	Date
<i>Robert J. Maifell</i>	6/17/77	<i>Elizabeth H. Crank</i>	6/17/77
State Records Committee (Signature) _____ Date _____			
State Auditor/Designee		7-5-77	
Secretary of State/Designee		7-1-77	
Attorney General/Designee		7-5-77	

Recommendations in paragraph 12 are approved.  
(If disapproved, attach letter of explanation.)

4374-20  
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DEPARTMENT OF ARCHIVES AND HISTORY  
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X		h. Is there a duplication of this series in your office, or in another office or agency? If yes, where? <u>Comprehensive Health Planning Council</u>
	X	i. Is this series (or a major portion of it) regularly microfilmed?
	X	j. Does the record series result in a computer printout?

#### 11. Retention Requirements

The following requires the series to be kept:

- |                          |              |                                   |                 |
|--------------------------|--------------|-----------------------------------|-----------------|
| a. State Law             | _____ years. | d. Audit period                   | _____ years.    |
| b. Statute of limitation | _____ years. | e. Administrative need            | <u>5</u> years. |
| c. Federal law           | _____ years. | f. Federal retention instructions | _____ years.    |

Attach copy or excerpt of laws or regulations. Explain administrative need.

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☐ Calendar Year; ☐ Fiscal Year; ☒ Other immediately then,

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- ☐ Transfer to local holding area; hold \_\_\_\_\_ year(s); then
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<i>Robert J. Maifeld</i>	<u>6/17/77</u>	<i>Elizabeth H. Crank</i>	<u>6/17/77</u>
Recommendations in paragraph 12 are approved. (If disapproved, attach letter of explanation.)		State Records Committee (Signature)	Date
		<i>[Signature]</i>	<u>7-5-77</u>
State Auditor/Designee <i>[Signature]</i>		Secretary of State/Designee <i>Carroll Hart</i>	<u>7-1-77</u>
Attorney General/Designee <i>[Signature]</i>		<i>[Signature]</i>	<u>7-5-77</u>